

16562 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Title of Invention	PHOSPHOLIPIDS FOR THE TREATMENT OF INFECTION BY TOGAVIRUSES, HERPES VIRUSES AND CORONAVIRUSES
	Named Inventor(s)	Ronald A. Fleming, Jay V. Hes, Yunsheng Huang, Russ H. Read, Susan L. Morris-Natschke, Khalid S. Ishaq, Louis S. Kucera, and Phillip A. Furman
	Attorney Docket	09431.105004
	Express Mail Label No.	EV330778327US
APPLICATION ELEMENTS	Commissioner for Patents ADDRESS TO: Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450	
	ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 94 4. <input checked="" type="checkbox"/> Drawings Total Sheets 2 5. Oath or Declaration Total Pages 2 a. <input checked="" type="checkbox"/> Copy of unexecuted b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> (i) <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76. 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney by assignee 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) 16. <input checked="" type="checkbox"/> Assignee: Kucera Pharmaceutical Company 19. <input type="checkbox"/> Other: _____	
17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner: _____ Group/Art Unit: _____ <small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>		
18. CORRESPONDENCE ADDRESS: <div style="display: flex; justify-content: space-between;"> <div> Madeline I. Johnston, Esq. KING & SPALDING LLP 45th Floor 191 Peachtree Street, N.E. Atlanta, Georgia 30303 </div> <div> By: <u>Madeline Johnston</u> Reg. No. 36,174 Date: February 20, 2004 Telephone: 404.572.4600 Facsimile: 404.572.5145 Customer No. 20786 </div> </div>		

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FEE TRANSMITTALAttorney Docket No. **09431.105004.**
Express Mail Label No. **EV330778327US**

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Fleming et al.**
Filing Date: **February 18, 2004**
Title: **Phospholipids For The Treatment Of Infection By Togaviruses, Herpes Viruses And Coronaviruses**

The filing fee is calculated as shown below:

1. FILING FEE:

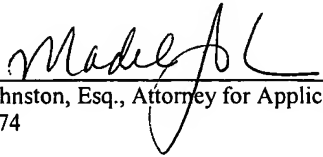
FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$385	385	\$770	
<input type="checkbox"/> DESIGN FILING FEE	\$170		\$340	
<input type="checkbox"/> PLANT FILING FEE	\$265		\$530	
<input type="checkbox"/> REISSUE FILING FEE	\$385		\$770	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$80		\$160	
SUBTOTAL (1)		\$385		\$xxx

2. CLAIMS:

FOR:	SMALL ENTITY			LARGE ENTITY	
	NO. FILED	NO. EXTRA	RATE	RATE	FEE
TOTAL CLAIMS	65 - 20 =	45	x 9 =	x 18 =	
INDEP. CLAIMS	5 - 3 =	2	x 43 =	x 86 =	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+145 =	+290 =	
SUBTOTAL (2)			\$491		\$xxx

3. ADDITIONAL FEES:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
SUBTOTAL (3)		\$xxx		\$xxx

TOTAL FILING FEES: \$876.00A check is enclosed for the total amount: **\$716.00**☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0980.KING & SPALDING, LLP
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191 Peachtree Street, N.E.
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Date: February 20, 2004